U.S. Department of Labor Office of Labor-Management **Standards** Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

FECTD JLL 15205	
E PAS DRUM	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/72	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person fling.	4. Name, file number, and address of labor organization.
Name Tim D Maitland	Name TUPAT DISTRICT COUNCIL 78 Labor Organization File Number -000 -000 540 -628
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10943 SE TEQUESTA TER	Stroot 2153 W. OAK Ridge Rd
CHY TEQUESTA	City ORIANDO
State FL ZIP Code + 4 33469	State FL ZIP Code + 4 32809-3881
5. Position in labor organization. UNION TRUSTEE	
Enter appropriate data below If, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests

(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	NI / A
Trade Name, if any:	N/A
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contains a complete of the second contains and complete.)	ing docu	ments), has been exan	nined by the signatory and is, to the best of the
Signed T: D Mail	On	7/11/05 Date	954 - 946 - 9310 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name JUPAT DC 78 HEALTH + WELFARE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2153 W. OAKRIDGE RD 11.b. Approximate dollar value of such dealing. Ø ORLANDO FL 12.a. Nature of interest held or income received. State FL ZIP Code + 4 32809-3881 12.b. Amount. Ø

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	4//		
P.O. Box, Bidg., Room No., if any	N/A		
Street	·		
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		